STATE OF CALIFORNIA

INTERNET REPORTING HANDBOOK

for:

Variable Maintenance
Fixed Maintenance
Union Benefit Trust Funds

Administered by:
Office of the State Controller
Personnel/Payroll Operations Bureau
PO Box 942850
Sacramento, California 94250-5878

Deduction Program Handbook

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Internet Reporting Process

The State Controller's Office established an Internet Payroll Deduction file reporting process to enable your organization to receive data via the Internet. The file contains detail of reportable deductions withheld from employees' salaries and wages during the pay period as listed in the deduction report.

This section contains the instructions and requirements for obtaining the deduction file from the State Controller's Office server. The requirements have been established to ensure an efficient operation between your organization and the State Controller's Office. These requirements must be met until the agreement to receive these files is terminated. Failure to comply with these requirements could terminate the agreement, preventing access of your organization's files.

The process of retrieving confidential data files from the SCO is extremely sensitive. Security certificates are used for absolute authentication of clients, while encryption is used for secure transmission of the data. We want our clients to feel comfortable with the level of security built into this process.

In order to participate in the Internet Payroll Deduction Reporting Process, you must first complete a Participation Request Form. The form must be signed by an authorized representative of your agency/campus and returned to our office for processing.

The file may be produced on either a semi-monthly or monthly basis:

Semi-monthly:

The first file will reflect deduction activity from the second of the month through the 16th of the month. The second file will reflect deduction activity from the 17th of the month through the first of the following month.

Monthly:

The file will reflect deduction activity from the second of the month through the first of the following month.

File Availability

The files will be available on the server as soon as our semi-monthly and monthly business month processes have completed. When this occurs, an e-mail notification will be sent informing you of their availability.

File Retention

The files will be maintained on the server for a period of ninety (90) days, after which time they will be purged. We suggest you immediately make back-up copies of any files obtained from the server.

File Access and Transfer Method

Access to our server requires Internet client software (a Web browser) that supports secure file transfer functions. This requires users have Secure Socket Layer (SSL) capable Web browsers. Depending upon your Operating System, you will need one of the following web browsers:

Browser	Mac O/S 9	Mac O/S X	Windows NT	Windows 2000	Windows XP	Unix
Netscape Communicator 4.80	X		X	X	X	X
Netscape 7.01	X	X	X	X	X	
Microsoft Internet Explorer 5.01			X			
Microsoft Internet Explorer 5.5			X	X	X	
Microsoft Internet Explorer 6.0			X	X	X	

If you do not have one of the browsers listed above, you may obtain them from the following sites:

http://www.netscape.com   http://www.microsoft.com

The above operating systems and browsers have been tested and function. Please note, Netscape users must ensure that both Java and/or Java Script are **enabled** when accessing our sites. Internet Explorer users must ensure that Java is **enabled** and that cookies are **turned on** when accessing our sites.

Each requesting party must have an active, valid e-mail address to participate in this process.

Certificates

Certificates are files that attest to an individual's or an organization's identity, and are exchanged between clients to ensure each other's identity. Cryptographic operations are performed on certificates to provide a higher level of assurance than can simple user names and passwords.

Where user names and passwords are an example of "what you know" authentication, certificates are an example of "what you know and what you have". Users must present a certificate (something they have) as well as a password (something they know) to perform operations identifying them as legitimate owners of their certificate.

The connection process will require that you have a valid security certificate to gain access to your individual files. We suggest you first become familiar with how certificates function before attempting to request a certificate. Information pertaining to certificate usage can be obtained within your individual browser's on-line help facility or through your browser company's web site.

Obtaining a Security Certificate

Once your request for participation in the Internet reporting process has been approved, you must request a separate certificate for each individual in your organization that intends to access your files.

Before you submit a request for a certificate, make sure you are running your web browser on the machine where you want the certificate installed. During this process, a "private key" will be generated and stored on this machine. To submit a request for a certificate, you must connect to our server, the URL is:

https://sacs.sco.ca.gov

You will receive a series of dialog boxes stating:

The site is not recognized by your browser as an authority to sign certificates. This is a new site for your browser, but is certified by our office. Since your organization already has a business relationship with us, this is okay to accept.

The signer of the certificate (SCO) promises we are who we say we are

Acceptance of the certificate

Warning regarding exchanging information with this site

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The next step is the actual certificate request process. Click on the "Enrollment" tab, where
you will complete an on-line form titled "Request A Personal Certificate".

You must provide the following information:

Your Full Name (First , Middle Initial, Last)
Your E-mail Address
Company Name
Phone Number
Deduction Code

You must complete the deduction code boxes for each deduction code you are requesting access. These codes must agree with the codes requested on the Participation Request form submitted to our office. You may then click the "Submit" button to send your request.

Note: For Netscape users, after your certificate has been requested, you will be asked to provide a password to protect this "private key". It is our policy that you protect this "private key" with such a password.

At this time your browser generates a "public" and "private" key pair. The private key is stored in your personal key database and the public key is automatically submitted to our certificate server along with the rest of the information submitted on the previous form.

If your request meets our policy restrictions, the certificate server will display a "Request ID" number for the specific request. **_You will need to remember this number to be able to retrieve your certificate once it is approved._** Follow the instructions on this screen. If your request does not meet our policy restrictions, a page describing the problem is displayed.
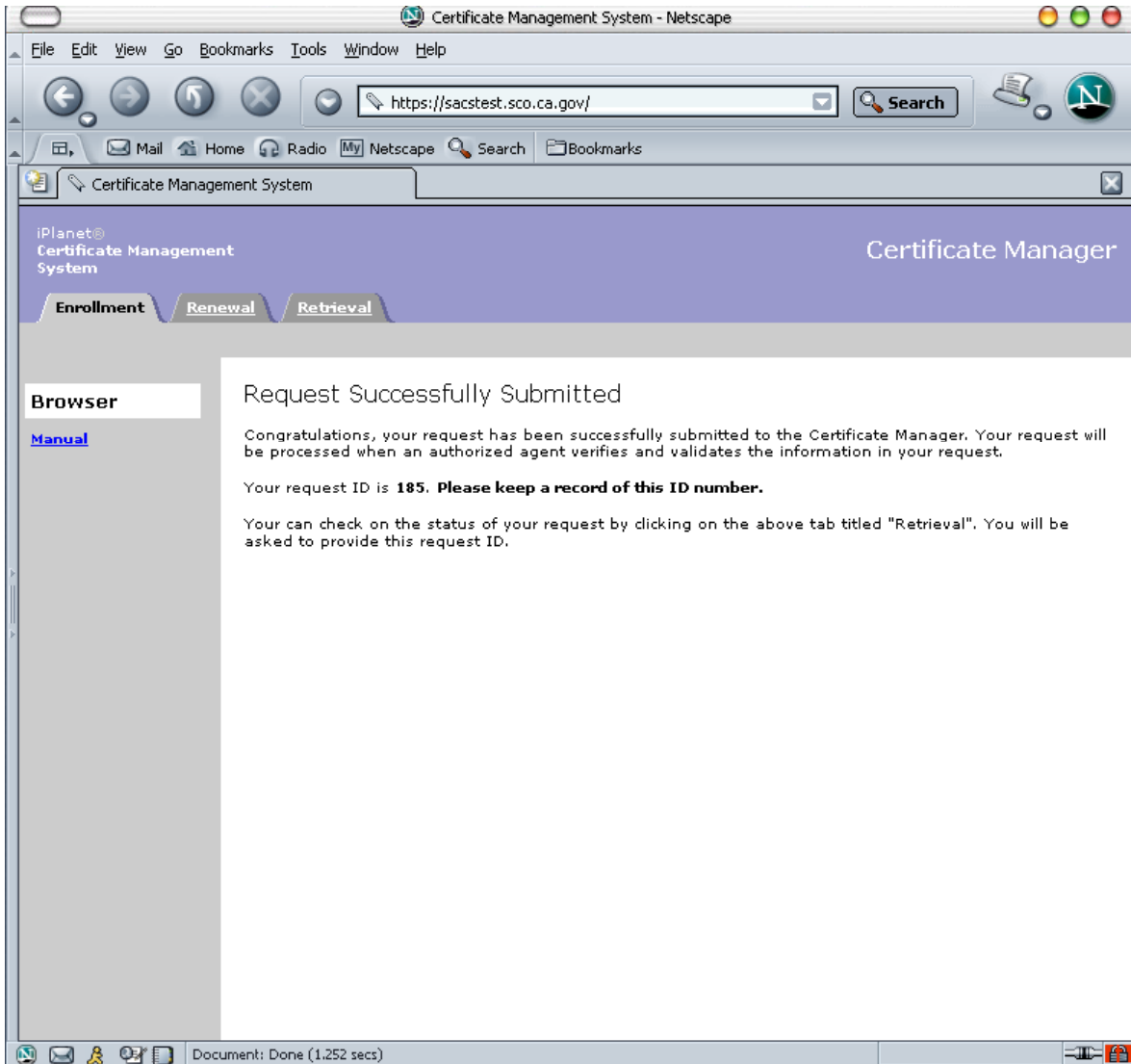
Receiving an approved Certificate

To check on the status of your certificate request, you must return to our server at https://sacs.sco.ca.gov.

Click on the tab titled "Retrieval" for status. You will be asked to provide your "Request ID" number at this time. Input your Request ID number in the box shown and click the "Submit" button. The next page will provide the status of your request.

If the status is marked "**complete**", you may retrieve your approved certificate by clicking on the link number to the right of the "Issued certificate" literal.
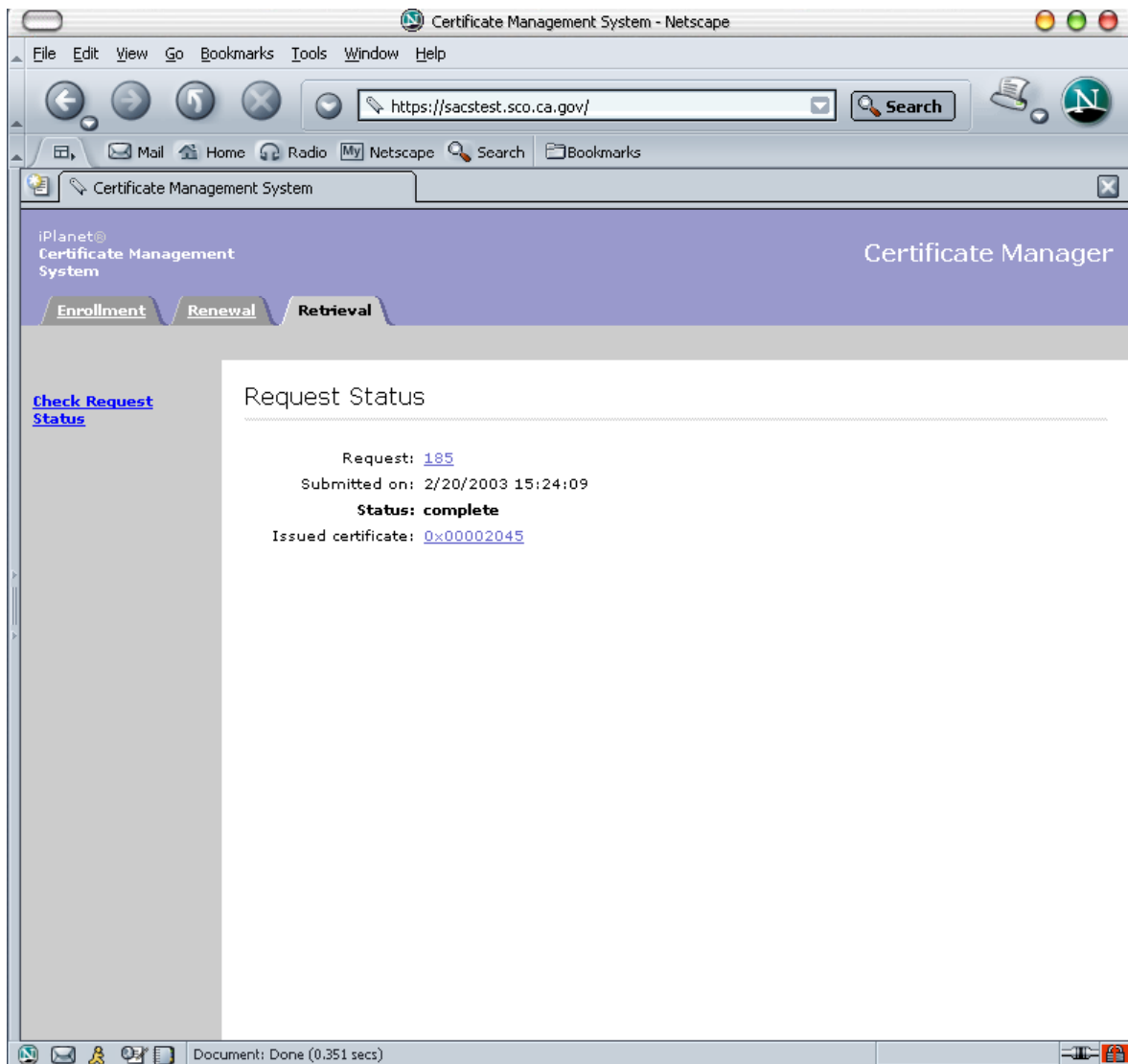
On the next page, scroll to the bottom of the page and click the button titled "Import Your Certificate". Your certificate has now been installed on you browser.
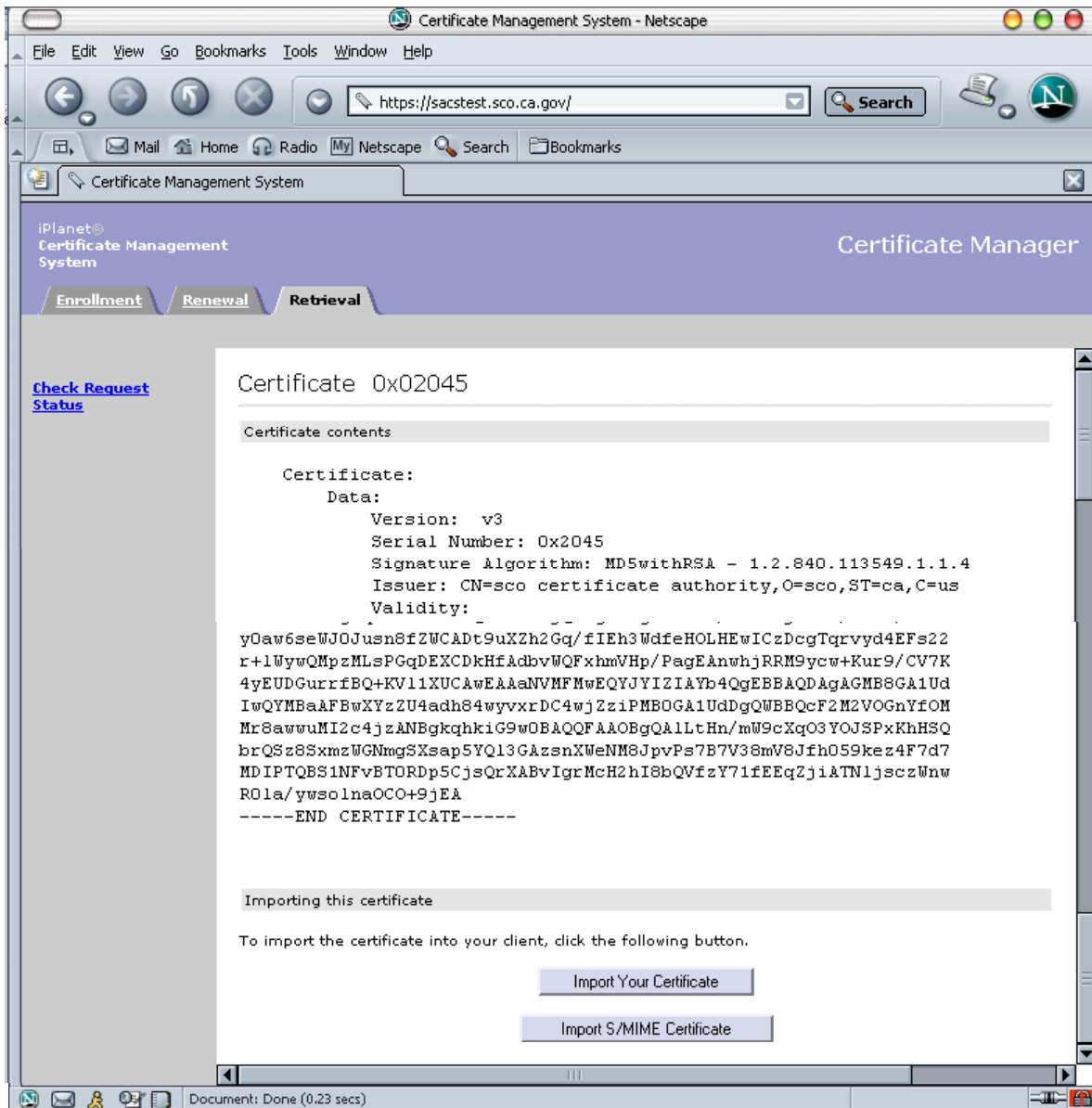
After installing your certificate in your browser, it is imperative that this browser be used to connect to our site, as the certificate resides in the requesting/receiving computer's browser. Your approved certificate will initially be granted for a period of five (5) years, or until revoked by our office. In the event it becomes necessary to use a different computer or browser, you must request a new certificate, at which time it is granted, your original certificate will be revoked.

Certificate Renewal

As mentioned above, your certificate is operative for a period of five (5) years from the date of issuance. As such, your certificate will have an expiration date. Approximately 60 days prior to the expiration date of your certificate, you will receive an email from our office notifying you to renew your certificate. The email will be sent in 30 day intervals, up to 30 days after your certificate has expired. The email will contain a link to the renewal process. We suggest you renew your certificate as soon as you receive the first notice of pending expiration.
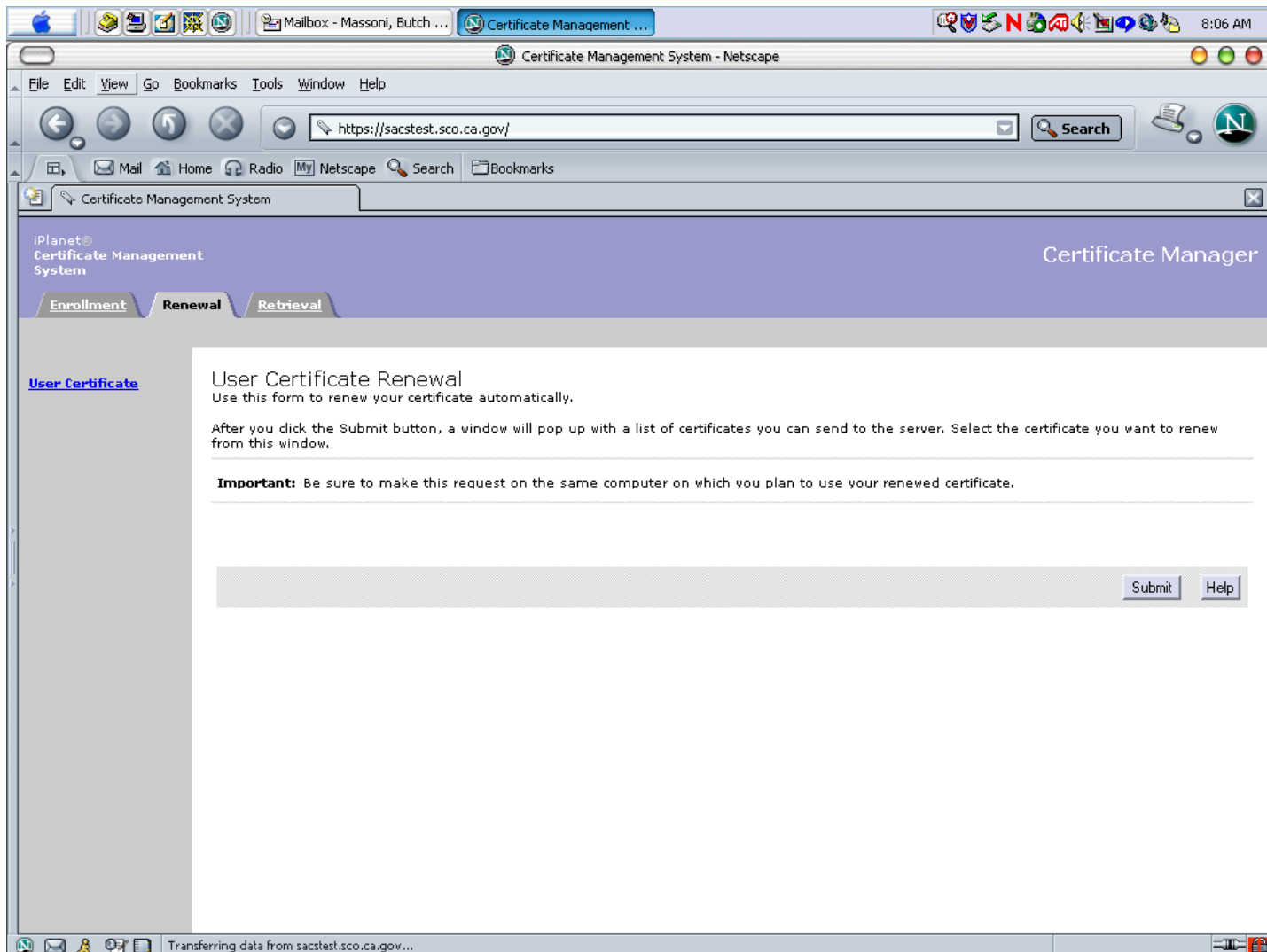
Click the "Renewal" tab and select your certificate for renewal. Your certificate will be renewed for a period of one year.

<u>Downloading your files</u>

After you have obtained a certificate and installed it in your browser, you will be able to access your individual files. To access your files, the URL is:

https://pid.sco.ca.gov.

When accessing this URL, our server will interrogate your browser to determine if a valid certificate exists. If it does, you will be taken to an area where only your files are present.

Your files will be named using a specific convention. The naming convention for your files will be Month, File Designation Code, Reporting Frequency Indicator and Translation Indicator.

The file name will consist of Month (three characters), followed by a file designation code (three characters), followed by an "A" or a "B". The "A" indicates the file is a mid-month file (if your organization receives reports on a semi-monthly basis). The "B" indicates the file is a month-end file. The last character of the file name indicates whether the file is ASCii or EBCDIC translation. ASCii translation files will be indicated by the character "P", while EBCDIC translation files will be blank.

Sample file names are as follows:

JUL150A	July Mid-Month report-EBCDIC
JUL150AP	July Mid-Month report-ASCii
JUL150B	July Month-end report-EBCDIC
JUL150BP	July Month-end report-ASCii

To download your files, merely hold down the "Shift" key (Windows and Unix) or the "Option" key (Macintosh) and click on the appropriate file name to save the file. The encrypted file transfer to your computer will then be initiated.

<u>File Characteristics</u>

The State Controller's Office will generate two types of files for each organization, EBCDIC formatted and ASCii formatted.

Characteristics of the EBCDIC formatted file:

> The file will contain two types of records, one for detail and the other a total record. Please refer to the file descriptions and layouts beginning on page 58. The logical record length is 90 characters.

Characteristics of the ASCii formatted file:

> The file will contain two types of records, one for detail and the other a total record. Please refer to the file descriptions and layouts beginning on page 58. The logical record length is 106 characters.

Please note: You will receive one file, regardless of the number of Agency Codes, in your Department/campus. However, records within the file will be separated by Agency Codes.

<u>Troubleshooting</u>

Problems

We can only assist in problems associated with certificates, connectivity to our servers and file transfers. Resolution of problems associated with your individual internet connection, browser software, etc, is not provided.

In the event you encounter problems, there are several points of contact for resolution, depending upon the type of problem encountered.

Contacts

For problems associated with connecting to our servers, certificate questions/problems or file transfer problems, please contact the Deduction Program Coordinator at (916) 322-7968 on Monday through Friday, 0730 through 1600.

Support is also provided regarding server connectivity 24 hours a day, 7 days a week. Problems associated with connecting to our servers that occur outside of the above hours should be directed to Teale Date Center's Help Desk at (916) 464-4311.

Participation Request Form

The Participation Request form details the characteristics of the file and initiates the agreement between your organization and the State Controller's Office.

A blank Participation Request form is included in this package on pages 16-17. You must submit this Participation Request form to our office for processing. A copy of the completed Participation Request form should be retained by your organization for future reference. Complete and return the form to the Deduction Program Coordinator.

Please ensure you provide specific agency codes in Section 2 of the form. You must include all agency codes for which you intend to have deductions withheld for each type of deduction.

Once your request has been received and processed, the Deduction Program Coordinator will contact your organization with further information to proceed in requesting a security certificate. Upon issuance of an approved certificate, SCO will establish your file process in our production environment.

The Deduction Program Coordinator must be notified *in writing* when there is a change to any of the information provided on the Participation Request form or if your organization wishes to terminate the process of receiving files via the Internet. Notification must be sent at least <u>one month prior</u> to the effective month changes are to occur.

OFFICE OF THE STATE CONTROLLER
INTERNET PAYROLL DEDUCTION REPORTING
PARTICIPATION REQUEST FORM

*This form is to be used only by State agencies and campuses and only for the
purpose of receiving deduction detail for Fixed/Variable Maintenance and Union
Benefit Trust Fund data.*

TO: State Controller's Office
      PPSD/Systems Activities Coordination & Support
      P. O. Box 942850
      Sacramento, CA. 94250-5878
      Attention: Deduction Program Coordinator

RE: INTERNET PAYROLL DEDUCTION REPORTING PROCESS

1. We hereby request the State Controller's Office begin transmitting our organization's
    Payroll Deduction data via the Internet for the following deductions. Our agency codes
    are:

        Deduction Code 011
            Agency Code(s)   _____ _____ _____ _____ _____ _____

        Deduction Code 012
            Agency Code(s)   _____ _____ _____ _____ _____ _____

        Deduction Code 049
            Agency Code(s)   _____ _____ _____ _____ _____ _____

        *It is imperative that all agency codes used for the above deductions be listed as only
        those codes will be reported in the Internet file.*

2. The name and e-mail address of the representative(s) from your organization for which
    you are requesting or terminating file access privileges:

Add Delete

☐   ☐   Name _____   E-mail address _____
☐   ☐   Name _____   E-mail address _____
☐   ☐   Name _____   E-mail address _____
☐   ☐   Name _____   E-mail address _____

        *Note: It is extremely important that the e-mail addresses provided be the
                   individuals who will ultimately be performing the file transfers.
                   Information provided on the Participation Request form will be used to
                   validate and authorize your request for security certificates.*

3. The representative from your organization to whom the State Controller's Office can direct inquiries in the event problems are encountered:

Name   _____   Telephone (___) _____
E-mail address _____

4. We agree to notify the State Controller's Office *in writing* of any change or should we desire to terminate this agreement.

5. We agree to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses that may result from reporting of payroll deduction information.

6. We understand and agree to the requirements and conditions set forth for receiving these deduction files through SCO's secure server. The undersigned signature is a person authorized to sign payroll deduction authorizations and constitutes validation of the requesting source.

_____
Agency/Campus Name

_____   (___)_____
Name of Authorized Representative   *Phone*

_____   _____
Signature of Authorized Representative   *Title*

_____
     Date

Demographics *(Please circle one for each category)*

Operating System:	MacOS 9	MacOS X	Windows NT
	Windows 2000	Windows XP	Unix
Browser:	Communicator	Internet Explorer	
Connection Speed:	Modem	DSL/Cable	T1/T3

MISCELLANEOUS DEDUCTIONS - DETAIL RECORD

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 9	Social Security Number	9	X(9)	Social Security Number or Interim Number
10	First Initial	1	X	
11	Middle Initial	1	X	Employee Name
12 - 24	Surname	13	X(13)	
25 - 27	Agency Code	3	X(3)	Identifies the employing agency
28 - 30	Reporting Unit	3	X(3)	Identifies the employing unit
31 - 37	Salary Rate	7	S9(5)V99	Employee's salary rate

NOTE: *For other than exclusive representatives, this field is only available upon approval from SCO.*

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
38 - 44	Filler	7	X(7)	Blank
45	Pay Period Type	1	X	Identifies the pay period type (i.e. monthly = 0, 1st semi-monthly = 1, 2nd semi-monthly = 2, etc.)
46 - 47	Pay Period Century	2	9(2)	Identifies the pay period of the deduction
48 - 49	Pay Period Year	2	9(2)	
50 - 51	Pay Period Month	2	9(2)	
52 - 54	Deduction Code	3	X(3)	Identifies the deduction code
55 - 57	Organization Code	3	X(3)	Identifies the organization code
58 - 64	Deduction Amount	7	S9(5)V99	The dollar amount of the deduction
65 - 72	Warrant Number	8	X(8)	Identifies the warrant/payment from which the deduction was made
73	Format Code	1	X	Indicates the type of record - Either a '4' or '6' will be entered in this field
74	Flex Deduction Indicator	1	X	SCO processing only
75	Filler	1	X	Blank
76 - 78	File Designation Number	3	9(3)	File number assigned to your organization
79 - 89	Filler	1	X(11)	Blank
90	Record Type	1	X	Identifies the record type - 'D' = Detail Record

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MISCELLANEOUS DEDUCTIONS
TOTAL RECORD

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1 - 20	Filler	20	X(20)	Blank
21 - 30	Total Deduction Amount	10	S9(8)V99	The total deduction amount reported
31 - 36	Total Deduction Count	6	X(6)	The total number of records reported
37 - 51	Filler	13	X(15)	Blank
52 - 54	Deduction Code	3	X(3)	Identifies the deduction code to which the totals apply
55 - 57	Organization Code	3	X(3)	Identifies the organization code to which the totals apply
58 - 75	Filler	18	X(18)	Blank
76 - 78	File Designation Number	3	9(3)	File number assigned to your organization
79 - 89	Filler	24	X(11)	Blank
90	Record Type	1	X	Identifies record type - 'T' will be entered for Total Record

INTERNET DEDUCTIONS
DETAIL RECORD

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1	Record Type	1	X	Identifies the record type - 'D' will be entered for Detail Record
3 - 11	Social Security Number	1	X	Social Security Number or Interim Number
13	First Initial	1	X	
15	Middle initial	1	X	
17 - 29	Surname	13	X(13)	Employee Name
31 - 33	Agency Code	3	X(3)	Identifies the employing agency
35 - 37	Reporting Unit	3	X(3)	Identifies the employing unit
39 - 47	Total Premium Amount	9	X(9)	The gross premium amount (sum of the employee share and the employer share)
49	Pay Period Type	1	X	Identifies the pay period type (i.e. monthly = 0, 1st semi-monthly = 1, 2nd semi-monthly = 2, etc.)
51 - 52	Pay Period Month	2	9(2)	Identifies the pay period of the deduction
54 - 57	Pay Period Century/Year	4	9(4)	
59 - 61	Deduction Code	3	X(3)	Identifies the deduction code
63 - 65	Organization Code	3	X(3)	Identifies the organization code
67 - 75	Deduction Amount	9	X(9)	The dollar amount of the deduction
77 - 84	Warrant Number	8	X(8)	Identifies the warrant/payment from which the deduction was made
86	Format Code	1	X	Indicates the type of record - Either a '4' or '6'
88	Flex Deduction Indicator	1	X	Indicates if deduction is flexible benefits
90 - 92	File Designation Code	3	X(3)	Indicates file number assigned by SCO
94 - 96	Sortable Reporting Unit	3	X(3)	
98 - 106	State Share or Salary Rate	9	X(9)	The amount of the employer's share applied toward the insurance premium

INTERNET DEDUCTIONS
TOTAL RECORD

LOCATION	FIELD	LENGTH	PICTURE	DESCRIPTION
1	Record Type	1	X	Identifies record type - 'T' will be entered for Total Record
3 - 14	Total State Share Amount	12	X(12)	The total amount of the employer share (applied toward insurance premium) reported
16 - 27	Total Premium Amount	12	X(12)	The total amount of premium reported
29 - 40	Total Deduction Amount	12	X(12)	The total amount of the employee share reported
42 - 48	Total Deduction Count	7	X(7)	The total number of deductions reported
50 - 52	Deduction Code	3	X(3)	Identifies the deduction code to which the totals apply
54 - 56	Organization Code	3	X(3)	Identifies the organization code to which the totals apply
58	Deduction Type	1	X	Indicates first byte of deduction type
60	Sub-Total Indicator	1	X	Indicates if Sub-Totals are used
62 - 64	File Designation Code	3	X(3)	Indicates file number assigned by SCO

BU 2000 BUSINESS MONTH DEDUCTION FILE-EBCDIC Format

FILE NAME **MISCELLANEOUS DEDUCTION** FORMAT TITLE **DETAIL RECORD** DATE **11/16/98**

DETAIL RECORD — Positions 1–50

Positions	Field	Picture
1–9	SOCIAL SECURITY NUMBER	X(9)
10	EMPLOYEE NAME — First Int.	X
11	EMPLOYEE NAME — Middle Int.	X
12–24	EMPLOYEE NAME — SURNAME	X(13)
25–27	Agency Code	X(3)
28–30	Reporting Unit	X(3)
31–44	FILLER	X(14)
45	PAY PERIOD — Type	X
46–47	PAY PERIOD — Century	9(2)
48–49	PAY PERIOD — Year	9(2)
50	PAY PERIOD — Month	9(2)

DETAIL RECORD — Positions 51–100

Positions	Field	Picture
52–54	Ded Code [Cont]	X(3)
55–57	Organization Code	X(3)
58–64	DEDUCTION AMOUNT	S9(5)V99
65–72	WARRANT NUMBER	X(8)
73	Format Code	X
74	Flex Ded Ind	X
75	Filler	X
76–78	File Designation Code	9(3)
79–89	FILLER	X(11)
90	Record Type	X

BU 2000 BUSINESS MONTH DEDUCTION FILE-EBCDIC Format

FILE NAME **MISCELLANEOUS DEDUCTION** FORMAT TITLE **TOTAL RECORD** DATE **11/16/98**

TOTAL RECORD — Positions 1–50

Positions	Field	Picture
1–20	FILLER	X(20)
21–30	TOTAL DEDUCTION AMOUNT	S9(8)V99
31–36	TOTAL DEDUCTION COUNT	X(6)
37–50	FILLER	X(15)

TOTAL RECORD — Positions 51–100

Positions	Field	Picture
52–54	Ded Code	X(3)
55–57	Organization Code	X(3)
58–75	FILLER	X(18)
76–78	File Designation Code	X(3)
79–89	FILLER	X(11)
90	Record Type	X

FORMAT DESCRIPTION

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BU 2000 BUSINESS MONTH DEDUCTION FILE-ASCii Format

FILE NAME **INTERNET DEDUCTIONS**   FORMAT TITLE **DETAIL RECORD**   DATE **11/16/98**

1	2-12	13	14	15-29	30-34	35-37	38-48
				EMPLOYEE NAME			
Record Type	SOCIAL SECURITY NUMBER	First Int.	Middle Int.	SURNAME	Agency Code	Reporting Unit	TOTAL PREMIUM AMOUNT
X	X(9)	X	X	X(13)	X(3)	X(3)	X(9)

(positions 1–48; SOCIAL SECURITY NUMBER occupies 3–11, First Int. 13, Middle Int. 15, SURNAME 17–29, Agency Code 31–33, Reporting Unit 35–37, TOTAL PREMIUM AMOUNT 40–48)

49	51-52	53-54	55-56	58-60	63-65	67-75	79-86	86	88	90-92	94-96
	PAY PER										
Type	Month	Century	Year	Ded Code	Organization Code	DEDUCTION AMOUNT	WARRANT NUMBER	Format Code	Flex Ind	File Designation Code	Sort RU
X	9(2)	9(2)	9(2)	X(3)	X(3)	X(9)	X(8)	X	X	9(3)	X(3)

97-106
STATE SHARE AMOUNT or SALARY RATE
X(9)

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FORMAT DESCRIPTION

BU 2000 BUSINESS MONTH DEDUCTION FILE-ASCii Format

FILE NAME __INTERNET DEDUCTIONS__   FORMAT TITLE __TOTAL RECORD__   DATE __11/16/98__

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
Record Type		TOTAL STATE SHARE AMOUNTS														TOTAL PREMIUM AMOUNTS											TOTAL DEDUCTION AMOUNT													TOTAL DEDUCTION COUNT					
X		X(12)														X(12)												X(12)														X(7)					

49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96
	Deduction Code				Organization Code				Ded Type		Sub Total Ind		File Designation Code			FILLER																															
	X(3)				X(3)				X		X		9(3)																																		

97	98	99	100	101	102	103	104	105	106
FILLER									

FORMAT DESCRIPTION

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